

MANUFACTURED HOME <u>AFFIDAVIT</u>

Please Print Clearly

Updated October 22, 2015

Licensed Moving Contractor Name:			
License Number <u>:</u>	ExpirationDate:		
Address:	City:	State:	Zip:
Office Phone Number:	Cell Phone Number	:	
************	*******	******	******
Manufacturer:	Model:		
Serial Number:	Label Number/Seal Number:		
Square Footage:	Single:	Double:	Other:
***********	*******	******	******
This is to certify that I		am the licensed	d moving contractor o
homeowner of said mobile home located at			In
Mok	oile Home Park in The C	ity of Wylie Tex	as, will within 30 day
of passing the required inspections install the skir	ting and the necessary	weather proofi	ing for the
manufactured home as required by the standards	set by The State Texas.		
(Signature)		(Date)	
(Printed Name)	_		